

Early intervention

A foundation for lifelong violence prevention

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High levels of violence affect every family in South Africa. Exposure to violence starts early, in both the home and community. There are high levels of physical abuse of children,¹ and the national under-five homicide rate is more than double that of other low- and middle-income countries.² Rates of violence are particularly high in poorer communities in the country, and many children already made vulnerable by poverty are also at risk from increased exposure to violence.³

This is concerning, given the far-reaching consequences of violence. Children affected by violence run the risk of experiencing long-lasting effects on their health and developmental outcomes. For example, harsh physical abuse during childhood has been linked to increased rates of depression and attempted suicide.⁴ Affected children are also more likely to engage in harmful use of substances and risky sexual behaviour, and become HIV-infected.⁵ Perhaps most concerning is evidence of a cycle of violence: a child exposed to violence is more likely to engage in violent behaviour, rape and intimate partner violence during later life,⁶ bully other children,⁷ engage in youth violence and delinquency,⁸ and become an abusive parent,⁹ while also being more at risk of abuse or victimisation as an adult.¹⁰

Risk for violence perpetration is complex and driven by broader societal and cultural drivers, community

factors, relationships with family and peers, and individual characteristics.¹¹ There is very little research from South Africa and other low- and middle-income countries on violence and its link with childhood experiences. In high-income settings, however, it has been shown that key predictors of violent behaviour include early childhood factors such as hyperactivity and parental attachment, parenting problems and family conflict.¹² We also know that the effects of violence exposure are likely magnified in unstable and volatile family contexts,¹³ and that many of the risk factors for early violence also predict intimate partner and sexual violence.¹⁴ Finally, we have a growing understanding of the relationship between early negative experiences and brain development, and how chronic 'toxic stress' may lead to difficulties in self-regulation, poor control of emotions, and aggressive behaviour in later life.¹⁵

This evidence suggests that primary prevention initiatives for violence perpetration should start early – during pregnancy and in early childhood. Indeed, the World Health Organization recognised the development of nurturing relationships between infants and their caregivers as the first 'best buy' in violence prevention.¹⁶ Having early secure and caring relationships is central to the development of a range

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of social skills that lay the groundwork for successful interpersonal relationships in later life.¹⁷ While there are limited evaluated early intervention programmes for violence prevention, there is some evidence from South Africa that home-based interventions can promote secure child attachment and better mother-child interaction. For example, the Thula Sana project, which took place in Khayelitsha, showed that home-visiting by lay health workers during pregnancy and the first six months after birth promoted maternal sensitivity and resulted in higher rates of secure infant attachment.¹⁸

However, given the complex, multi-layered causality of violent behaviour, focusing solely on early interventions is unlikely to have a sustained impact on preventing violence, particularly in countries of extremely high burden such as South Africa. Early intervention should not be seen as a magic bullet, and should rather form part of a suite of interventions across the lifespan. Multiple sectors and stakeholders should be involved in the development and implementation of evidence-based policies and programming that promote non-violent conflict resolution, gender equality and poverty reduction. There are several examples of primary prevention initiatives to guide the development of these interventions. After infancy, parent training programmes show promise for helping parents reduce behavioural problems (including aggression) in young children (under age 10), although evidence for programmes that work for older children is growing.¹⁹ There is evidence that school-based programmes can prevent interpersonal violence among children and youths of schoolgoing age.²⁰ Teaching young children and adolescents life skills (particularly for non-violent conflict resolution) has a strong evidence base for preventing violence.²¹ Schools that emphasise academic achievement also help to prevent violence and other risk behaviours.²² After-school activities for children and adolescents that promote skills and are well-supervised are key interventions that allow for positive youth development.²³ Interventions that reduce misuse of alcohol and other substances are critical,²⁴ as are community-based programmes that address key risk factors.²⁵

Early intervention provides the foundation for preventing violence in South Africa. It is crucial that children are given the opportunity to thrive in safe and nurturing environments throughout their childhood. Perhaps activist Frederick Douglass said it best: 'It is easier to build strong children than to repair broken men.'



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Notes

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